YOUR SCORE: (MINIMUM SCORE OF 600 REQUIRED) HAVE THE EDUCATIONAL TESTING SERVICE FORWARD STANDARD SCORE EXAMINATION RESULTS TO OUR OFFICE. 10. HAVE YOU BEEN LICENSED TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY IN ANY STATE OR COUNTRY? YES NO A. PLEASE LIST ANY AND ALL STATES IN WHICH YOU HOLD A CURRENT LICENSE: 11. IN WHAT STATE WAS YOUR SUPERVISED PROFESSIONAL EXPERIENCE OR CFY OBTAINED? IF YOU ARE CURRENTLY OBTAINING YOUR REE IN CALIFORNIA PLEASE WRITE 'IN PROGRESS - CALIFORNIA'. DO NOT LEAVE BLANK. 12. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR OTHER HEALING ARTS LICENSE, WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD? YES NO (IF YES, COMPLETE THE CONVICTIONALCENSE DISCIPLINARY ACTION FORM) 13. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR ANY OTHER HEALING ARTS. OR ANY STATE? YES NO (IF YES, COMPLETE THE CONVICTIONALCENSE DISCIPLINARY ACTION FORM) 14. HAVE YOU EVER DEEN CONVICTED OF, OR PIECO NO.C CONTINEDER TO ANY OFFENSE, MISDEMEANOR OR RELOVED OF ANY STATE. THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS OF THAT FINE ON ANY STATE. THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS OF THAT PROCREDED OF THE LIMING DATE OF THE FILLING OF THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS BED DATED WITH SIXTY (EOD DAYS OF THE FILLING DATE OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS BED DATED WITH SIXTY (EOD DAYS OF THE FILLING DATE OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT. AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS	9.	9. HAVE YOU TAKEN THE EDUCATIONAL TESTING SERVICE/NATIONAL TEACHER EXAMINATION (NTE) IN SPEECH- LANGUAGE PATHOLOGY OR AUDIOLOGY?						
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